

GEORGIA INSTITUTE OF TECHNOLOGY  
OFFICE OF CONTRACT ADMINISTRATION  
SPONSORED PROJECT INITIATION

no action  
OK

Date: October 27, 1976

Project Title: Program Evaluation Methodologies Training

Project No: E-24-516

Project Director: Dr. Thomas B. Clark

Sponsor: Georgia Department of Human Resources

Agreement Period: From 9/15/76 Until 9/14/77

Type Agreement: Contract No. 901408, dated 7/12/76

Amount: \$15,600 GDHR  
5,200 GIT (E-24-212)  
\$20,800

Reports Required: Monthly Statement of Training Activities; Monthly Report of Achievements; Final Report

Sponsor Contact Person (s):

Technical Matters

Contractual Matters

(thru OCA)

Mr. John B. Pinka  
Title XX Training Coordinator  
Staff Development Section  
Georgia Department of Human Resources  
47 Trinity Avenue, S. W.  
Atlanta, Georgia 30334

Ms. Barbara Fishman  
Contract Services Unit  
Georgia Department of  
Human Resources  
618 Ponce de Leon Avenue  
Atlanta, Georgia 30308

Defense Priority Rating: None

Assigned to: Industrial and Systems Engineering (School/Laboratory)

COPIES TO:

Project Director  
Division Chief (EES)  
School/Laboratory Director  
Dean/Director-EES  
Accounting Office  
Procurement Office  
Security Coordinator (OCA)  
Reports Coordinator (OCA)

Library, Technical Reports Section  
Office of Computing Services  
Director, Physical Plant  
EES Information Office  
Project File (OCA)  
Project Code (GTRI)  
Other \_\_\_\_\_

GEORGIA INSTITUTE OF TECHNOLOGY  
OFFICE OF CONTRACT ADMINISTRATION  
SPONSORED PROJECT TERMINATION

Date: September 22, 1977

Project Title: Program Evaluation Methodologies Training

Project No: E-24-516

Project Director: Dr. Thomas P. Clark

Sponsor: Ga. Dept. of Human Resources

Effective Termination Date: 6/30/77

Clearance of Accounting Charges: 6/30/77

Grant/Contract Closeout Actions Remaining:

- ☐ Final Invoice and Closing Documents
- ☐ Final Fiscal Report
- ☐ Final Report of Inventions
- ☐ Govt. Property Inventory & Related Certificate
- ☐ Classified Material Certificate
- ☐ Other \_\_\_\_\_

NOTE: Continued by E-24-520  
(c/s E-24-213)

Assigned to: Industrial & Systems Engineering (School/Laboratory)

COPIES TO:

Project Director  
Division Chief (EES)  
School/Laboratory Director  
Dean/Director—EES  
Accounting Office  
Procurement Office  
Security Coordinator (OCA)  
Reports Coordinator (OCA) ✓

Library, Technical Reports Section  
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Director, Physical Plant  
EES Information Office  
Project File (OCA)  
Project Code (GTRI)  
Other \_\_\_\_\_

## GEORGIA DEPARTMENT OF HUMAN RESOURCES

MONTHLY REPORT OF ACHIEVEMENTS IN TITLE XX TRAINING  
ACTIVITIES

SUBMIT TO: Department of Human Resources  
DHR Staff Development Section  
Room 341-B  
47 Trinity Avenue, S. W.  
Atlanta, Georgia 30334

For the Month of <sup>15</sup> 9/15-10/1976

Georgia Tech

Name of Educational Institution

Program Evaluation

Methodologies

Program Title

(Due by the 20th day of the following month)

T. B. Clark, Program Dir.

I. Objectives achieved (Describe in narrative form objectives achieved during the month as they relate to the overall goal set forth in your proposal):

Completed detailed planning of content for first intensive course for approximately thirty participants. Course to be divided into two parts as follows:

A. Nov. 2 - Dec. 14: Seven 4-hour sessions, one each week, to cover content. (28 class hours total)

B. After Jan. 1, 1977: Small group applications to evaluate real, on-going programs. Groups will meet periodically with instructor to review progress, problems, plans, etc.

II. Problems encountered (Describe any problems which may have affected your objectives and/or goals):

Unexpected delay within Contract Services Unit (due to large number of participants from several organizational units) in determining exactly who would participate and when and where classes would be held. These items were resolved in a meeting on October 21.

III. Training materials (Describe any training materials, e.g. syllabus, audio-visuals, completed as part of your proposal):

- A. Comprehensive examination to be used as a pretest. Will be completed by all participants as a closed-book homework assignment between the first and second class sessions.
- B. Bibliography of related books (handout).
- C. Handout outline to guide note taking in first class.
- D. Mini-cases for first class session.

IV. Projected activities for the next month:

- A. Conduct two 4-hour class sessions (nov. 2 & 9) covering:
  - 1. Philosophy & overview of program evaluation.
  - 2. Research designs for program evaluations.
- B. Administer and grade comprehensive pretest.
- C. Continue development of handout materials, mini-cases, exercises, and short quizzes.

E-24-516

GEORGIA DEPARTMENT OF HUMAN RESOURCES

MONTHLY REPORT OF ACHIEVEMENTS IN TITLE XX TRAINING  
ACTIVITIES

SUBMIT TO: Department of Human Resources  
DHR Staff Development Section  
Room 341-H  
47 Trinity Avenue, S. W.  
Atlanta, Georgia 30334

For the Month of Oct. 1976

Georgia Tech  
Name of Educational Institution  
Program Evaluation  
Methodologies  
Program Title

(Due by the 20th day of the following  
month)

T. B. Clark, Prog. Dir.

- I. Objectives achieved (Describe in narrative form objectives achieved during the month as they relate to the overall goal set forth in your proposal):

Please see attached report for the period of Sept. 15 - Oct. 15. There were no significant achievements during the last 15 days of October that were not included in that earlier report. Classes actually began on Nov. 2 as will be indicated in the next report for the month of November.

- II. Problems encountered (Describe any problems which may have affected your objectives and/or goals):

III. Training materials (Describe any training materials, e.g. syllabus, audio-visuals, completed as part of your proposal):

IV. Projected activities for the next month:

## GEORGIA DEPARTMENT OF HUMAN RESOURCES

MONTHLY REPORT OF ACHIEVEMENTS IN TITLE XX TRAINING  
ACTIVITIES

SUBMIT TO: Department of Human Resources  
DHR Staff Development Section  
Room 341-H  
47 Trinity Avenue, S. W.  
Atlanta, Georgia 30334

For the Month of Dec. 1976

Georgia Tech  
Name of Educational Institution

Program Evaluation Methodologie

Program Title

Dr. T. B. Clark, Prog. Dir.

(Due by the 20th day of the following  
month)

I. Objectives achieved (Describe in narrative form objectives achieved during the month as they relate to the overall goal set forth in your proposal):

- A. Conducted two regular class sessions covering the topics:
  - 1. Statistical concepts related to measurement.
  - 2. Sample size determination.
  - 3. Statistical procedures.
- B. Conducted one make-up class session on the above topics for Training Unit personnel who missed the two regular sessions due to other work assignments.
- C. Conducted a brief quiz on Dec. 14 on material covered to date to determine problem areas in need of review.

II. Problems encountered (Describe any problems which may have affected your objectives and/or goals):

We lost several participants as we moved into the more technical topics of the course.

III. Training materials (Describe any training materials, e.g. syllabus, audio-visuals, completed as part of your proposal):

- A. Handout outlines to guide class note-taking on the following topics:
  - 1. Statistical concepts related to measurement.
  - 2. Sample size determination.
  - 3. Statistical procedures.
- B. Homework problems on sample size determination.
- C. Quiz given on Dec. 14 (see Item C, Section I)

IV. Projected activities for the next month:

- A. Conduct two class sessions (Jan. 4 & 11) covering the topics:
  - 1. Computer support for evaluation.
  - 2. Managing the evaluation function.
  - 3. Project management with CPM (Critical Path Method).
  - 4. Overall review of the course.
- B. Conduct and grade comprehensive final examination. Analyze differences (if any) between pre-training and post-training exams.
- C. Begin identifying small group projects for the application phase of the training, and begin setting up the schedules for meeting periodically with these groups.



## GEORGIA DEPARTMENT OF HUMAN RESOURCES

MONTHLY REPORT OF ACHIEVEMENTS IN TITLE XX TRAINING  
ACTIVITIES

SUBMIT TO: Department of Human Resources  
DHR Staff Development Section  
Room 341-H  
47 Trinity Avenue, S. W.  
Atlanta, Georgia 30334

For the Month of Jan. 1977

Georgia Tech  
Name of Educational Institution

Program Evaluation Methodologies

Program Title

Dr. T. B. Clark, Prog. Dir.

(Due by the 20th day of the following month)

I. Objectives achieved (Describe in narrative form objectives achieved during the month as they relate to the overall goal set forth in your proposal):

- A. Conducted two regular class sessions covering the topics:
  - 1. Computer support for evaluation.
  - 2. Managing the Evaluation function.
  - 3. Project management with CPM (Critical Path Method)
  - 4. Overall course review.
- B. Conducted and graded comprehensive final examination (closed notes). Average grade increased from 26.0 on the comprehensive pre-test given in November to 83.5 on the final exam.
- C. Met with three small groups of program participants to begin defining application projects which they will be conducting during the coming months.

II. Problems encountered (Describe any problems which may have affected your objectives and/or goals):

None.

III. Training materials (Describe any training materials, e.g. syllabus, audio-visuals, completed as part of your proposal):

- A. Handout outlines to guide class note-taking on the following topics:
  - 1. Computer Support for Evaluation
  - 2. Managing the Evaluation Process
  - 3. Project Management with CPM
- B. Comprehensive Final Examination.

IV. Projected activities for the next month:

- A. Hold a meeting of program participants to return and discuss their graded final examinations.
- B. Continue work on defining and initiating small group application projects in the area of program evaluation.
- C. Work with the CSU Training Staff to determine what additional target populations should receive training on Program Evaluation Methodologies and exactly which portions of the intensive course content should be presented to each population.

GEORGIA DEPARTMENT OF HUMAN RESOURCES  
MONTHLY REPORT OF ACHIEVEMENTS IN TITLE XX TRAINING  
ACTIVITIES

SUBMIT TO: Department of Human Resources  
DHR Staff Development Section  
Room 341-H  
47 Trinity Avenue, S. W.  
Atlanta, Georgia 30334

For the Month of Feb. 1977

Georgia Tech  
Name of Educational Institution

Program Evaluation Methodologies

(Due by the 20th day of the following  
month)

Program Title  
T. B. Clark, Program Director

- I. Objectives achieved (Describe in narrative form objectives achieved during the month as they relate to the overall goal set forth in your proposal):
- A. Returned and reviewed the graded final examinations for the Intensive Content Training.
  - B. Obtained 3.6 Continuing Education Units for each training participant who completed the final exam. These credits are on record at the Georgia Tech Registrar's Office.
  - C. Continued work with small groups on their evaluation application projects.
  - D. Introduced Mr. Harry Tomas, a masters level ISyE student, to the Sliding Fee Scale problem. It is his intention to develop a dynamic simulation model that will be a tool for analysing the demographic and financial impacts of alternative fee scale designs. This work will be done as his masters thesis, and I will serve as his thesis advisor.
  - E. Met with Bob Rogers to discuss potential applications of evaluation methodology to the Quality Control function within Title XX.
  - F. Reviewed evaluation components of several contract training proposals.
- II. Problems encountered (Describe any problems which may have affected your objectives and/or goals):

Due to other work pressures on DHR staff, the small group application projects are not moving as quickly as desired. The one exception is the Sliding Fee Scale project, which is progressing rapidly.

III. Training materials (Describe any training materials, e.g. syllabus, audio-visuals, completed as part of your proposal):

None

IV. Projected activities for the next month:

- A. Make a  $\frac{1}{2}$ -day presentation to the Title XX Training Contractors Conference to be held in Atlanta on March 16-17. The presentation will cover methodologies for the evaluation of training programs and will point out specific shortcomings of the evaluation components of typical proposals for contract training.
- B. Continue providing technical advisory services to small group application projects as their progress permits.

## GEORGIA DEPARTMENT OF HUMAN RESOURCES

MONTHLY REPORT OF ACHIEVEMENTS IN TITLE XX TRAINING  
ACTIVITIES

SUBMIT TO: Department of Human Resources  
DHR Staff Development Section  
Room 341-H  
47 Trinity Avenue, S. W.  
Atlanta, Georgia 30334

For the Month of March 1977

Georgia Tech

Name of Educational Institution

Program Evaluation Methodologies

Program Title

(Due by the 20th day of the following  
month)

T. B. Clark, Program Director

- I. Objectives achieved (Describe in narrative form objectives achieved during the month as they relate to the overall goal set forth in your proposal):
- A. Gave a half-day capsule presentation on training program evaluation methodologies to the Georgia Title XX Training Contractors Conference.
  - B. Assisted Barbara Williamson in designing an evaluation plan for a contracted workshop training program for social service workers in day care centers.

- II. Problems encountered (Describe any problems which may have affected your objectives and/or goals):

None.

III. Training materials (Describe any training materials, e.g. syllabus, audio-visuals, completed as part of your proposal):

Visual aids and handout materials for presentation to Title XX Training Contractors Conference.

IV. Projected activities for the next month:

Continue providing technical advisory assistance to evaluation application projects as their progress permits.

E-24516

GEORGIA DEPARTMENT OF HUMAN RESOURCES

MONTHLY REPORT OF ACHIEVEMENTS IN TITLE XX TRAINING  
ACTIVITIES

SUBMIT TO: Department of Human Resources  
DHR Staff Development Section  
Room 341-H  
47 Trinity Avenue, S. W.  
Atlanta, Georgia 30334

For the Month of April 1977

Georgia Tech  
Name of Educational Institution

(Due by the 20th day of the following  
month)

Program Evaluation Methodologies

Program Title

T. B. Clark, Program Director

- I. Objectives achieved (Describe in narrative form objectives achieved during the month as they relate to the overall goal set forth in your proposal):

Reviewed & critiqued pretest & posttest developed by Barbara Williamson for use in evaluating contracted workshop training for social service workers in day care centers.

- II. Problems encountered (Describe any problems which may have affected your objectives and/or goals):

None

III. Training materials (Describe any training materials, e.g. syllabus, audio-visuals, completed as part of your proposal):

None.

IV. Projected activities for the next month:

Continue providing technical advisory assistance to evaluation application projects as their progress permits.

Specifically, to have Mr. Harry Tomas (masters student) complete his proposal & begin work on his thesis which will involve the development of a simulation model for the evaluation of alternative "sliding fee scales" for day care services.



E-24-516

GEORGIA DEPARTMENT OF HUMAN RESOURCES

MONTHLY REPORT OF ACHIEVEMENTS IN TITLE XX TRAINING  
ACTIVITIES

SUBMIT TO: Department of Human Resources  
DHR Staff Development Section  
Room 341-H  
47 Trinity Avenue, S. W.  
Atlanta, Georgia 30334

For the Month of May 1977

Georgia Tech  
Name of Educational Institution

Program Evaluation Methodologies  
Program Title

(Due by the 20th day of the following  
month)

T. B. Clark, Program Director

- I. Objectives achieved (Describe in narrative form objectives achieved during the month as they relate to the overall goal set forth in your proposal):

No activity

- II. Problems encountered (Describe any problems which may have affected your objectives and/or goals):

Contract Service Section personnel have been too busy with contracting to work on evaluation projects.

III. Training materials (Describe any training materials, e.g. syllabus, audio-visuals, completed as part of your proposal):

None

IV. Projected activities for the next month:

Depends entirely on DHR work priorities.

Will continue work on Sliding Fee Scale simulation model.

E-24-516

GEORGIA DEPARTMENT OF HUMAN RESOURCES

MONTHLY REPORT OF ACHIEVEMENTS IN TITLE XX TRAINING  
ACTIVITIES

SUBMIT TO: Department of Human Resources  
DHR Staff Development Section  
Room 341-H  
47 Trinity Avenue, S. W.  
Atlanta, Georgia 30334

For the Month of June 1977

Georgia Tech

Name of Educational Institution

Program Evaluation Methodologies

Program Title

Thomas B. Clark, Program Director

(Due by the 20th day of the following  
month)

- I. Objectives achieved (Describe in narrative form objectives achieved during the month as they relate to the overall goal set forth in your proposal):

No activity

- II. Problems encountered (Describe any problems which may have affected your objectives and/or goals):

Contract Service Section personnel too busy with other assignments to work on evaluation projects.

III. Training materials (Describe any training materials, e.g. syllabus, audio-visuals, completed as part of your proposal):

None.

IV. Projected activities for the next month:

- A. Assist Marge Peterson (Augusta College) in statistical analysis of evaluation test data for her training program.
- B. Continue work with Harry Tomas in development of Sliding Fee Scale simulation Model.
- C. Other activities depend on DHR work priorities.

E-24-516

GEORGIA DEPARTMENT OF HUMAN RESOURCES

MONTHLY REPORT OF ACHIEVEMENTS IN TITLE XX TRAINING  
ACTIVITIES

SUBMIT TO: Department of Human Resources  
DHR Staff Development Section  
Room 341-H  
47 Trinity Avenue, S. W.  
Atlanta, Georgia 30334

For the Month of July 1977

Georgia Tech

Name of Educational Institution

Program Evaluation Methodologies

Program Title

Thomas B. Clark, Program Director

(Due by the 20th day of the following  
month)

I. Objectives achieved (Describe in narrative form objectives achieved during the month as they relate to the overall goal set forth in your proposal):

- A. Met with Marietta Suhart (University of Georgia Center for Continuing Education) to assist in planning evaluation design for their gerontology training program.
- B. Met with Jerry Legge to perform technical review of the DHR Needs Assessment Model and a published resource allocation methodology.
- C. Assisted Marge Peterson (Augusta College) in statistical analysis of pre- and post-test data in the evaluation of her training program.
- D. Continued work with Harry Tomas (Georgia Tech graduate student) in the development of a financial model for the evaluation of sliding fee scales for day care services.

II. Problems encountered (Describe any problems which may have affected your objectives and/or goals):

None

III. Training materials (Describe any training materials, e.g. syllabus, audio-visuals, completed as part of your proposal):

None

IV. Projected activities for the next month:

Continued technical assistance to DHR Training Staff and contract trainers as requested.

GEORGIA DEPARTMENT OF HUMAN RESOURCES  
MONTHLY REPORT OF ACHIEVEMENTS IN TITLE XX TRAINING  
ACTIVITIES

SUBMIT TO: Department of Human Resources  
DHR Staff Development Section  
Room 341-H  
47 Trinity Avenue, S. W.  
Atlanta, Georgia 30334

For the Month of Nov. 1976  
Georgia Tech  
Name of Educational Institution  
Program Evaluation Methodologies  
Program Title

(Due by the 20th day of the following  
month)

Dr. T. B. Clark, Prog. Dir.

I. Objectives achieved (Describe in narrative form objectives achieved during the month as they relate to the overall goal set forth in your proposal):

- A. Conducted and graded comprehensive pre-training examination, which:
  - 1. Provided an indication of the appropriate level of presentation for the course material.
  - 2. Will serve as a base-line measure for evaluating the effectiveness of the training program. (Mean score 24/100; Median Score 19.5/100)
- B. Conducted five class sessions covering the topics:
  - 1. Philosophy & overview of the evaluation process.
  - 2. Organizational considerations.
  - 3. Experimental designs for evaluation research.
  - 4. Measurement processes, scales, and errors.
  - 5. Survey measurements.
  - 6. Sampling procedures and problems.
- C. Conducted brief quiz on Nov. 23 on material covered to date to determine problem areas in need of review (no numerical grades)

II. Problems encountered (Describe any problems which may have affected your objectives and/or goals):

We are approximately 1 1/2 class sessions behind schedule in content coverage as of the end of November, and therefore considering extending the intensive training for one or two weeks into January.

III. Training materials (Describe any training materials, e.g. syllabus, audio-visuals, completed as part of your proposal):

- A. Handout outlines to guide class note-taking on the following topics:
  - 1. Research designs (threats to internal & external validity)
  - 2. Measurement processes, scales, and errors.
  - 3. Questionnaire and interview surveys.
  - 4. Attitudes and attitude measurement
  - 5. Sampling procedures and problems
- B. Quiz covering topics up through measurement processes, scales and errors.

IV. Projected activities for the next month:

- A. Conduct a second short quiz on Dec. 14 on material covered to date to determine problem areas in need of review.
- B. Conduct two class sessions (Dec. 7 & 14 ) covering the topics:
  - 1. Sample size determination
  - 2. Statistical procedures for evaluation.
- C. Continue development of handout materials.



E-24-516

Georgia Department of Human Resources  
Staff Development Section  
MONTHLY REPORT OF TRAINING ACTIVITIES

Training Unit Program Evaluation Methodologies Month of October, 19 76  
Georgia Tech  
T. B. Clark, Prog. Dir.

TITLE OF TRAINING ACTIVITY	LENGTH OF TRAINING SESSION	NUMBER OF TRAINEES PER SESSION	NUMBER OF MAN TRAINING DAYS
Intensive Content Training - I (begins Nov. 2, 1976)	0	-	0

Nov. 24, 1976  
DATE

\_\_\_\_\_  
SIGNATURE AND TITLE

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Room 341-H  
47 Trinity Avenue, S.W.  
Atlanta, Georgia 30334

Georgia Department of Human Resources  
Staff Development Section  
**MONTHLY REPORT OF TRAINING ACTIVITIES**

Training Unit Program Evaluation Methodologies Month of November, 19 76  
 Georgia Tech  
 Dr. T. B. Clark, Program Director

TITLE OF TRAINING ACTIVITY	LENGTH OF TRAINING SESSION	NUMBER OF TRAINEES PER SESSION	NUMBER OF MAN TRAINING DAYS
<u>Intensive Content Training - I</u>	<u>17 hrs.</u>	<u>23</u>	<u>391 hrs.</u>

Dec 10, 1976  
 DATE

SIGNATURE AND TITLE  
 Assistant Professor - ISyE

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 Room 341-H  
 47 Trinity Avenue, S.W.  
 Atlanta, Georgia 30334

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Georgia Department of Human Resources  
Staff Development Section  
**MONTHLY REPORT OF TRAINING ACTIVITIES**

Training Unit Program Evaluation Methodologies Month of December, 19 76  
Georgia Tech  
Dr. T. B. Clark, Program Director

TITLE OF TRAINING ACTIVITY	LENGTH OF TRAINING SESSION	NUMBER OF TRAINEES PER SESSION	NUMBER OF MAN TRAINING DAYS
Intensive Content Training - I			
Regular sessions	7 hrs.	12	84 hrs.
Make-up session	5 hrs.	4	20 hrs.

Jan 10, 1977  
DATE

SIGNATURE AND TITLE

Assistant Professor - ISyE

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47 Trinity Avenue, S.W.  
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E-24-516

Georgia Department of Human Resources  
Staff Development Section  
**MONTHLY REPORT OF TRAINING ACTIVITIES**

Training Unit Program Evaluation Methodologies Month of January, 19 77  
Georgia Tech  
Dr. T. B. Clark, Program Director

TITLE OF TRAINING ACTIVITY	LENGTH OF TRAINING SESSION	NUMBER OF TRAINEES PER SESSION	NUMBER OF MAN TRAINING DAYS
Intensive Content Training - I Regular Sessions	7½ hrs.	13	97.5 hrs.
Small Group Application Meetings			
Training Unit projects	1 hr.	5	5
Child Care teacher training eval.	1	1	1
Sliding Fee Scales for day care	2	3	6

2/7/77  
DATE

SIGNATURE \_\_\_\_\_  
Assistant Professor

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Atlanta, Georgia 30334

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Georgia Department of Human Resources  
Staff Development Section  
**MONTHLY REPORT OF TRAINING ACTIVITIES**

Training Unit Program Evaluation Methodologies Month of February, 19 77  
Georgia Tech  
Dr. T. B. Clark, Program Director

TITLE OF TRAINING ACTIVITY	LENGTH OF TRAINING SESSION	NUMBER OF TRAINEES PER SESSION	NUMBER OF MAN TRAINING DAYS
Intensive Content Training - I Meeting to return & review results of the final examination.	2½ hrs.	12	30 hrs.
Small Group Application Meetings: Adult Day Care	2	2	4
Sliding Fee Scales for Day Care	2	1	2
Other: Meeting with Bob Rogers to discuss potential applications of evaluation methodology to the Quality Control function within Title XX.	1	2	2
Meeting with Ken Hart & Marge Peterson to review the evaluation component of the Augusta College proposal for training day care teachers.	2	2	4
Meeting with Jo Ann Harris to prepare for a ½-day presentation to the upcoming Title XX Training Contractors Conference on the evaluation of training programs.	1	1	1

3/8/77  
DATE

SIGNATURE AND TITLE  
Assistant Professor

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Georgia Department of Human Resources  
Staff Development Section  
**MONTHLY REPORT OF TRAINING ACTIVITIES**

Training Unit Program Evaluation Methodologies Month of March, 19 77  
Georgia Tech  
T. B. Clark, Program Director

TITLE OF TRAINING ACTIVITY	LENGTH OF TRAINING SESSION	NUMBER OF TRAINEES PER SESSION	NUMBER OF MAN TRAINING DAYS
Half-day presentation to Georgia Title XX Training Contractors Conference	3 hrs.	30	90 hrs.
Meeting with Barbara Williamson to design evaluation for contracted work-	1½	1	1½
shop training for social service workers in day care centers.			

4/7/77  
DATE

SIGNATURE AND TITLE

Assistant Professor

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Room 341-H  
47 Trinity Avenue, S.W.  
Atlanta, Georgia 30334

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E-24-516

Georgia Department of Human Resources  
Staff Development Section  
MONTHLY REPORT OF TRAINING ACTIVITIES

Training Unit Program Evaluation Methodologies Month of April, 19 77

TITLE OF TRAINING ACTIVITY	LENGTH OF TRAINING SESSION	NUMBER OF TRAINEES PER SESSION	NUMBER OF MAN TRAINING DAYS
Meeting with Barbara Williamson to review & critique pretest & posttest to be used in evaluation of contracted workshop training for social service workers in day care centers.	2 hrs.	1	2 hrs.

May 4, 1977  
DATE

SIGNATURE AND TITLE  
Thomas B. Clark  
Assistant Professor - ISyE  
Georgia Tech

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Atlanta, Georgia 30334

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Georgia Department of Human Resources  
Staff Development Section  
**MONTHLY REPORT OF TRAINING ACTIVITIES**

Training Unit Program Evaluation Methodologies Month of May, 19 77

[illegible]

June 6, 1977  
DATE

SIGNATURE AND TITLE  
Thomas B. Clark  
Assistant Professor - ISyE  
Georgia Tech

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Room 341-H  
47 Trinity Avenue, S.W.  
Atlanta, Georgia 30334

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Georgia Department of Human Resources  
Staff Development Section  
MONTHLY REPORT OF TRAINING ACTIVITIES

E-24-516

Training Unit Program Evaluation Methodologies Month of June, 19 77

TITLE OF TRAINING ACTIVITY	LENGTH OF TRAINING SESSION	NUMBER OF TRAINEES PER SESSION	NUMBER OF MAN TRAINING DAYS
None			0

July 11, 1977  
DATE

SIGNATURE AND TITLE  
Thomas B. Clark  
Assistant Professor - ISyE  
Georgia Tech

Send To: Staff Development Section  
Room 341-H  
47 Trinity Avenue, S.W.  
Atlanta, Georgia 30334

See Instructions On Reverse Side

E-24-516

Georgia Department of Human Resources  
Staff Development Section  
MONTHLY REPORT OF TRAINING ACTIVITIES

Training Unit Program Evaluation Methodologies Month of July, 19 77

TITLE OF TRAINING ACTIVITY	LENGTH OF TRAINING SESSION	NUMBER OF TRAINEES PER SESSION	NUMBER OF MAN TRAINING DAYS
None			0

August 8, 1977  
DATE

SIGNATURE AND TITLE

Thomas B. Clark  
Assistant Professor - ISYE  
Georgia Tech

Send To: Staff Development Section  
Room 341-H  
47 Trinity Avenue, S.W.  
Atlanta, Georgia 30334

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Georgia Department of Human Resources  
MONTHLY STATEMENT OF RECEIPTS AND EXPENDITURES - TITLE XX/IV-A TRAINING

For Month of December, 19 76

SUBMIT TO: Department of Human Resources  
DHR Staff Development Section  
Room 341-H  
47 Trinity Avenue, S.W.  
Atlanta, Georgia 30334

Program Title Program Evaluation  
Methodologies Training

Control Number Contract No. 901408

PERSONNEL EXPENDITURES

	THIS MONTH	YEAR TO DATE
1. Total Salaries . . . . .	\$ <u>90000</u>	\$ <u>90000</u>
FRINGE BENEFITS (2-7)		
2. Social Security . . . . .		
3. Retirement . . . . .		
4. Health Insurance . . . . .		
5. Other . . . . .		
6. Total Fringe Benefits (Sum 2 thru 5) . . . . .	\$	\$
7. Total Personnel Expenditures (Sum 1 and 8) \$	<u>90000</u>	<u>90000</u>

OTHER EXPENSES (8-18)

8. Faculty Travel . . . . .		
9. Teaching Materials . . . . .	<u>1295</u>	<u>1295</u>
10. Equipment . . . . .		
11. Rent . . . . .		
12. Expert Fees . . . . .		
13. Traineeships . . . . .		
14. . . . .		
15. . . . .		
16. . . . .		
17. . . . .		
18. Indirect Cost . . . . .	<u>7304</u>	<u>7304</u>
19. Total (Sum 7 through 18) . . . . .	\$ <u>98599</u>	\$ <u>98599</u>
20. Certified Cost . . . . .	\$ <u>00</u>	\$ <u>00</u>
(Attach form OAS(2)-115)		

CASH RECEIVED THIS REPORT MONTH FROM:

21. DHR . . . . .	\$ <u>00</u>	\$ <u>00</u>
22. Other Sources . . . . .	<u>00</u>	<u>00</u>
23. TOTAL CASH RECEIVED . . . . .	\$ <u>00</u>	\$ <u>00</u>
24. DHR Cash Payment Requested . . . . .	\$ <u>98599</u>	\$ <u>98599</u>

I certify that the above information is correct to the best of my knowledge and belief and that the expenditures shown are in accordance with the terms and conditions of the contract by and between the Department of Human Resources and Georgia Institute of Technology

1/12/77  
Date

(  
C. Evan Crosby, Associate Director of  
Financial Affairs

E-24-516

Georgia Department of Human Resources  
MONTHLY STATEMENT OF RECEIPTS AND EXPENDITURES - TITLE XX/IV-A TRAINING

For Month of January, 19 77

**SUBMIT TO:** Department of Human Resources  
DHR Staff Development Section  
Room 341-H  
47 Trinity Avenue, S.W.  
Atlanta, Georgia 30334

Program Title Program Evaluation  
Methodologies Training

Control Number Contract No. 901408

**PERSONNEL EXPENDITURES**

THIS MONTH

YEAR TO DATE

1. Total Salaries . . . . . \$ 

		1	2	6	6	7	1
--	--	---	---	---	---	---	---

\$ 

		2	1	6	6	7	1
--	--	---	---	---	---	---	---

**FRINGE BENEFITS (2-7)**

2. Social Security . . . . . 

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

3. Retirement . . . . . 

			8	7	9	7	
--	--	--	---	---	---	---	--

			8	7	9	7	
--	--	--	---	---	---	---	--

4. Health Insurance . . . . . 

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

5. Other . . . . . 

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

6. Total Fringe Benefits (Sum 2 thru 5) . . . \$ 

			8	7	9	7	
--	--	--	---	---	---	---	--

\$ 

			8	7	9	7	
--	--	--	---	---	---	---	--

7. Total Personnel Expenditures (Sum 1 and 6) \$ 

		1	3	5	4	6	8
--	--	---	---	---	---	---	---

\$ 

		2	2	5	4	6	8
--	--	---	---	---	---	---	---

**OTHER EXPENSES (8-18)**

8. Faculty Travel . . . . . 

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

9. Teaching Materials . . . . . 

			9	4	4	3	
--	--	--	---	---	---	---	--

			1	0	7	3	8
--	--	--	---	---	---	---	---

10. Equipment . . . . . 

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

11. Rent . . . . . 

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

12. Expert Fees . . . . . 

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

13. Traineeships . . . . . 

--	--	--	--	--	--	--	--

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14. 

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15. 

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16. 

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17. 

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--	--	--	--	--	--	--	--

18. Indirect Cost . . . . . 

		1	1	5	9	3	
--	--	---	---	---	---	---	--

		1	8	8	9	7	
--	--	---	---	---	---	---	--

19. Total (Sum 7 through 18) . . . . . \$ 

		1	5	6	5	0	4
--	--	---	---	---	---	---	---

\$ 

		2	5	5	1	0	3
--	--	---	---	---	---	---	---

20. Certified Cost . . . . . \$ 

					0	0	
--	--	--	--	--	---	---	--

  
(Attach form OAS(2)-115)

\$ 

					0	0	
--	--	--	--	--	---	---	--

**CASH RECEIVED THIS REPORT MONTH FROM:**

21. DHR . . . . . \$ 

					0	0	
--	--	--	--	--	---	---	--

\$ 

					0	0	
--	--	--	--	--	---	---	--

22. Other Sources . . . . . 

					0	0	
--	--	--	--	--	---	---	--

					0	0	
--	--	--	--	--	---	---	--

23. TOTAL CASH RECEIVED . . . . . \$ 

					0	0	
--	--	--	--	--	---	---	--

\$ 

					0	0	
--	--	--	--	--	---	---	--

24. DHR Cash Payment Requested . . . . . \$ 

		1	5	6	5	0	4
--	--	---	---	---	---	---	---

\$ 

		2	5	5	1	0	3
--	--	---	---	---	---	---	---

I certify that the above information is correct to the best of my knowledge and belief and that the expenditures shown are in accordance with the terms and conditions of the contract by and between the Department of Human Resources and Georgia Institute of Technology

May 25, 1977

Date

Signature

E-24-516

Georgia Department of Human Resources  
MONTHLY STATEMENT OF RECEIPTS AND EXPENDITURES - TITLE XX/IV-A TRAINING

For Month of February, 19 77

SUBMIT TO: Department of Human Resources  
DHR Staff Development Section  
Room 341-H  
47 Trinity Avenue, S.W.  
Atlanta, Georgia 30334

Program Title Program Evaluation  
Methodologies Training

Control Number Contract No. 901408

PERSONNEL EXPENDITURES

THIS MONTH

YEAR TO DATE

1. Total Salaries . . . . .	\$				6	3	3	3	3	\$				2	8	0	0	0	4	
<b>FRINGE BENEFITS (2-7)</b>																				
2. Social Security . . . . .																				
3. Retirement . . . . .						3	0	3	3					1	1	8	3	0		
4. Health Insurance . . . . .																				
5. Other . . . . .																				
6. Total Fringe Benefits (Sum 2 thru 5) . . . . .	\$					3	0	3	3	\$				1	1	8	3	0		
7. Total Personnel Expenditures (Sum 1 and 8) \$						6	6	3	6	6	\$				2	9	1	8	3	4

OTHER EXPENSES (8-18)

8. Faculty Travel . . . . .																						
9. Teaching Materials . . . . .					1	8	4	6	2					2	9	2	0	0				
10. Equipment . . . . .																						
11. Rent . . . . .																						
12. Expert Fees . . . . .																						
13. Traineeships . . . . .																						
14. . . . .																						
15. . . . .																						
16. . . . .																						
17. . . . .																						
18. Indirect Cost . . . . .					6	7	8	6						2	5	6	8	3				
19. Total (Sum 7 through 18) . . . . . \$					9	1	6	1	4					\$			3	4	6	7	1	7
20. Certified Cost . . . . . \$								0	0					\$						0	0	
(Attach form OAS(2)-115)																						

CASH RECEIVED THIS REPORT MONTH FROM:

21. DHR . . . . .	\$										0	0							0	0	
22. Other Sources . . . . .											0	0							0	0	
23. TOTAL CASH RECEIVED . . . . .	\$										0	0							0	0	
24. DHR Cash Payment Requested . . . . .	\$							9	1	6	1	4				3	4	6	7	1	7

I certify that the above information is correct to the best of my knowledge and belief and that the expenditures shown are in accordance with the terms and conditions of the contract by and between the Department of Human Resources and Georgia Institute of Technology

May 25, 1977  
Date

Signature 

E-24-516

Georgia Department of Human Resources  
MONTHLY STATEMENT OF RECEIPTS AND EXPENDITURES - TITLE XX/IV-A TRAINING

For Month of March, 19 77

SUBMIT TO: Department of Human Resources  
DHR Staff Development Section  
Room 341-H  
47 Trinity Avenue, S.W.  
Atlanta, Georgia 30334

Program Title Program Evaluation  
Methodologies Training

Control Number Contract No. 901408

**PERSONNEL EXPENDITURES**

THIS MONTH

YEAR TO DATE

1. Total Salaries . . . . . \$ 

			7	8	3	3	3
--	--	--	---	---	---	---	---

\$ 

			3	5	8	3	3	7
--	--	--	---	---	---	---	---	---

**FRINGE BENEFITS (2-7)**

2. Social Security . . . . . 

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

3. Retirement . . . . . 

			4	3	9	8
--	--	--	---	---	---	---

			1	6	2	2	8
--	--	--	---	---	---	---	---

4. Health Insurance . . . . . 

--	--	--	--	--	--	--

--	--	--	--	--	--	--

5. Other . . . . . 

--	--	--	--	--	--	--

--	--	--	--	--	--	--

6. Total Fringe Benefits (Sum 2 thru 5) . . . \$ 

			4	3	9	8
--	--	--	---	---	---	---

\$ 

			1	6	2	2	8
--	--	--	---	---	---	---	---

7. Total Personnel Expenditures (Sum 1 and 6) \$ 

			8	2	7	3	1
--	--	--	---	---	---	---	---

\$ 

			3	7	4	5	6	5
--	--	--	---	---	---	---	---	---

**OTHER EXPENSES (8-18)**

8. Faculty Travel . . . . . 

--	--	--	--	--	--	--

--	--	--	--	--	--	--

9. Teaching Materials . . . . . 

--	--	--	--	--	--	--

			2	9	2	0	0
--	--	--	---	---	---	---	---

10. Equipment . . . . . 

--	--	--	--	--	--	--

--	--	--	--	--	--	--

11. Rent . . . . . 

--	--	--	--	--	--	--

--	--	--	--	--	--	--

12. Expert Fees . . . . . 

--	--	--	--	--	--	--

--	--	--	--	--	--	--

13. Traineeships . . . . . 

--	--	--	--	--	--	--

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14. 

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15. 

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16. 

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--	--	--	--	--	--	--

17. 

--	--	--	--	--	--	--

--	--	--	--	--	--	--

18. Indirect Cost . . . . . 

			6	6	1	8
--	--	--	---	---	---	---

			3	2	3	0	1
--	--	--	---	---	---	---	---

19. Total (Sum 7 through 18) . . . . . \$ 

			8	9	3	4	9
--	--	--	---	---	---	---	---

\$ 

			4	3	6	0	6	6
--	--	--	---	---	---	---	---	---

20. Certified Cost . . . . . \$ 

					0	0
--	--	--	--	--	---	---

  
(Attach form OAS(2)-115)

\$ 

					0	0
--	--	--	--	--	---	---

**CASH RECEIVED THIS REPORT MONTH FROM:**

21. DHR . . . . . \$ 

					0	0
--	--	--	--	--	---	---

\$ 

					0	0
--	--	--	--	--	---	---

22. Other Sources . . . . . 

					0	0
--	--	--	--	--	---	---

					0	0
--	--	--	--	--	---	---

23. TOTAL CASH RECEIVED . . . . . \$ 

					0	0
--	--	--	--	--	---	---

\$ 

					0	0
--	--	--	--	--	---	---

24. DHR Cash Payment Requested . . . . . \$ 

			8	9	3	4	9
--	--	--	---	---	---	---	---

\$ 

			4	3	6	0	6	6
--	--	--	---	---	---	---	---	---

I certify that the above information is correct to the best of my knowledge and belief and that the expenditures shown are in accordance with the terms and conditions of the contract by and between the Department of Human Resources and Georgia Institute of Technology

May 25, 1977

Date

Signature

E-24-516

Georgia Department of Human Resources  
MONTHLY STATEMENT OF RECEIPTS AND EXPENDITURES - TITLE XX/IV-A TRAINING

For Month of April, 19 77

SUBMIT TO: Department of Human Resources  
DHR Staff Development Section  
Room 341-H  
47 Trinity Avenue, S.W.  
Atlanta, Georgia 30334

Program Title Program Evaluation  
Methodologies Training

Control Number Contract No. 901408

PERSONNEL EXPENDITURES

THIS MONTH

YEAR TO DATE

1. Total Salaries . . . . .	\$									\$				4	0	3	3	3	7	
<b>FRINGE BENEFITS (2-7)</b>																				
2. Social Security . . . . .																				
3. Retirement . . . . .															1	7	5	9	3	
4. Health Insurance . . . . .																				
5. Other . . . . .																				
6. Total Fringe Benefits (Sum 2 thru 5) . . . . .	\$									\$					1	7	5	9	3	
7. Total Personnel Expenditures (Sum 1 and 6) . . . . .	\$									\$					4	2	0	9	3	0

OTHER EXPENSES (8-18)

8. Faculty Travel . . . . .																				
9. Teaching Materials . . . . .				9	3	2	7	8					1	2	2	4	7	8		
10. Equipment . . . . .																				
11. Rent . . . . .																				
12. Expert Fees . . . . .																				
13. Traineeships . . . . .																				
14. . . . .																				
15. . . . .																				
16. . . . .																				
17. . . . .																				
18. Indirect Cost . . . . .															4	3	4	7	3	
19. Total (Sum 7 through 18) . . . . . \$				9	3	2	7	8							5	8	6	8	8	1
20. Certified Cost . . . . . \$ (Attach form OAS(2)-115)				2	6	6	6	6	6						2	6	6	6	6	6

CASH RECEIVED THIS REPORT MONTH FROM:

21. DHR . . . . .	\$							0	0	\$								0	0
22. Other Sources . . . . .								0	0									0	0
23. TOTAL CASH RECEIVED . . . . .	\$							0	0	\$								0	0
24. DHR Cash Payment Requested . . . . .	\$			5	8	6	8	8	1	\$			5	8	6	8	8	1	

I certify that the above information is correct to the best of my knowledge and belief and that the expenditures shown are in accordance with the terms and conditions of the contract by and between the Department of Human Resources and Georgia Institute of Technology

5/10/77

Date

Evan Crosby, Associate Director of  
Financial Affairs

Georgia Department of Human Resources  
MONTHLY STATEMENT OF RECEIPTS AND EXPENDITURES - TITLE XX/IV-A TRAINING

For Month of April, 19 77

SUBMIT TO: Department of Human Resources  
DHR Staff Development Section  
Room 341-H  
47 Trinity Avenue, S.W.  
Atlanta, Georgia 30334

REVISED

Program Title

Program Evaluation  
Methodologies Training

Control Number

Contract No. 901408

PERSONNEL EXPENDITURES

THIS MONTH

YEAR TO DATE

1. Total Salaries . . . . . \$ 

			4	5	0	0	0
--	--	--	---	---	---	---	---

\$ 

			4	0	3	3	3	7
--	--	--	---	---	---	---	---	---

FRINGE BENEFITS (2-7)

2. Social Security . . . . . 

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

3. Retirement . . . . . 

				1	3	6	5
--	--	--	--	---	---	---	---

				1	7	5	9	3
--	--	--	--	---	---	---	---	---

4. Health Insurance . . . . . 

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

5. Other . . . . . 

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

6. Total Fringe Benefits (Sum 2 thru 5) . . . \$ 

				1	3	6	5
--	--	--	--	---	---	---	---

\$ 

				1	7	5	9	3
--	--	--	--	---	---	---	---	---

7. Total Personnel Expenditures (Sum 1 and 6) \$ 

			4	6	3	6	5
--	--	--	---	---	---	---	---

\$ 

			4	2	0	9	3	0
--	--	--	---	---	---	---	---	---

OTHER EXPENSES (8-18)

8. Faculty Travel . . . . . 

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

9. Teaching Materials . . . . . 

			9	3	2	7	8
--	--	--	---	---	---	---	---

			1	2	2	4	7	8
--	--	--	---	---	---	---	---	---

10. Equipment . . . . . 

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

11. Rent . . . . . 

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

12. Expert Fees . . . . . 

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

13. Traineeships . . . . . 

--	--	--	--	--	--	--	--

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14. 

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15. 

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16. 

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17. 

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

18. Indirect Cost . . . . . 

			1	1	1	7	2
--	--	--	---	---	---	---	---

				4	3	4	7	3
--	--	--	--	---	---	---	---	---

19. Total (Sum 7 through 18) . . . . . \$ 

			1	5	0	8	1	5
--	--	--	---	---	---	---	---	---

\$ 

			5	8	6	8	8	1
--	--	--	---	---	---	---	---	---

20. Certified Cost . . . . . \$ 

			2	6	6	6	6	6
--	--	--	---	---	---	---	---	---

\$ 

			2	6	6	6	6	6
--	--	--	---	---	---	---	---	---

(Attach form OAS(2)-115)

CASH RECEIVED THIS REPORT MONTH FROM:

21. DHR . . . . . \$ 

						0	0
--	--	--	--	--	--	---	---

\$ 

						0	0
--	--	--	--	--	--	---	---

22. Other Sources . . . . . 

						0	0
--	--	--	--	--	--	---	---

						0	0
--	--	--	--	--	--	---	---

23. TOTAL CASH RECEIVED . . . . . \$ 

						0	0
--	--	--	--	--	--	---	---

\$ 

						0	0
--	--	--	--	--	--	---	---

24. DHR Cash Payment Requested . . . . . \$ 

			1	5	0	8	1	5
--	--	--	---	---	---	---	---	---

\$ 

			5	8	6	8	8	1
--	--	--	---	---	---	---	---	---

I certify that the above information is correct to the best of my knowledge and belief and that the expenditures shown are in accordance with the terms and conditions of the contract by and between the Department of Human Resources and Georgia Institute of Technology

May 25, 1977  
Date

Signature



Georgia Department of Human Resources  
MONTHLY STATEMENT OF RECEIPTS AND EXPENDITURES - TITLE XX/IV-A TRAINING

For Month of May, 19 77

SUBMIT TO: Department of Human Resources  
DHR Staff Development Section  
Room 341-H  
47 Trinity Avenue, S.W.  
Atlanta, Georgia 30334

Program Title Program Evaluation  
Methodologies Training

Control Number Contract No. 091408

PERSONNEL EXPENDITURES

THIS MONTH

YEAR TO DATE

1. Total Salaries . . . . .	\$				6	1	6	6	7	\$				4	6	5	0	0	4
<u>FRINGE BENEFITS (2-7)</u>																			
2. Social Security . . . . .																			
3. Retirement . . . . .						2	8	8	2					2	0	4	7	5	
4. Health Insurance . . . . .																			
5. Other . . . . .																			
6. Total Fringe Benefits (Sum 2 thru 5) . . .	\$					2	8	8	2	\$				2	0	4	7	5	
7. Total Personnel Expenditures (Sum 1 and 8) \$						6	4	5	4	9	\$			4	8	5	4	7	9

OTHER EXPENSES (8-18)

8. Faculty Travel . . . . .																					
9. Teaching Materials . . . . .				6	4	0	0	5						1	8	6	4	8	3		
10. Equipment . . . . .																					
11. Rent . . . . .																					
12. Expert Fees . . . . .																					
13. Traineeships . . . . .																					
14. . . . .																					
15. . . . .																					
16. . . . .																					
17. . . . .																					
18. Indirect Cost . . . . .				1	0	2	8	4								5	3	7	5	7	
19. Total (Sum 7 through 18) . . . . . \$				1	3	8	8	3	8							7	2	5	7	1	9
20. Certified Cost . . . . . \$																					
(Attach form OAS(2)-115)																					

CASH RECEIVED THIS REPORT MONTH FROM:

21. DHR . . . . .	\$									0	0	\$								0	0
22. Other Sources . . . . .											0	0								0	0
23. TOTAL CASH RECEIVED . . . . .	\$										0	0	\$							0	0
24. OHR Cash Payment Requested . . . . .	\$						1	3	8	8	3	8	\$			7	2	5	7	1	9

I certify that the above information is correct to the best of my knowledge and belief and that the expenditures shown are in accordance with the terms and conditions of the contract by and between the Department of Human Resources and Georgia Institute of Technology

June 10, 1977

Date

Signature

Georgia Department of Human Resources  
MONTHLY STATEMENT OF RECEIPTS AND EXPENDITURES - TITLE XX/IV-A TRAINING

E-24-516  
RF-41711

For Month of June, 19 77

SUBMIT TO: Department of Human Resources  
DHR Staff Development Section  
Room 341-H  
47 Trinity Avenue, S.W.  
Atlanta, Georgia 30334

Program Title Program Evaluation Methodologies Trng.

Control Number Contract No. 091408

PERSONNEL EXPENDITURES

THIS MONTH

YEAR TO DATE

1. Total Salaries . . . . .	\$			9	5	0	0	1	\$			5	6	0	0	0	5	
<b>FRINGE BENEFITS (2-7)</b>																		
2. Social Security . . . . .																		
3. Retirement . . . . .					5	9	1	5					2	6	3	9	0	
4. Health Insurance . . . . .																		
5. Other . . . . .																		
6. Total Fringe Benefits (Sum 2 thru 5) . . .	\$				5	9	1	5	\$				2	6	3	9	0	
7. Total Personnel Expenditures (Sum 1 and 8) \$				1	0	0	9	1	6	\$			5	8	6	3	9	5

OTHER EXPENSES (8-18)

8. Faculty Travel . . . . .																				
9. Teaching Materials . . . . .				2	5	3	5	0					2	1	1	8	3	3		
10. Equipment . . . . .																				
11. Rent . . . . .																				
12. Expert Fees . . . . .																				
13. Traineeships . . . . .																				
14. . . . .																				
15. . . . .																				
16. . . . .																				
17. . . . .																				
18. Indirect Cost . . . . .				1	0	1	0	1							6	3	8	5	8	
19. Total (Sum 7 through 18) . . . . . \$				1	3	6	3	6	7						8	6	2	0	8	6
20. Certified Cost . . . . . \$				9	9	9	9	9							3	9	9	9	9	8

(Attach form OAS(2)-115)

CASH RECEIVED THIS REPORT MONTH FROM:

21. DHR . . . . .	\$			5	8	6	8	8	1	\$			5	8	6	8	8	1
22. Other Sources . . . . .																		
23. TOTAL CASH RECEIVED . . . . .	\$			5	8	6	8	8	1	\$			5	8	6	8	8	1
24. DHR Cash Payment Requested . . . . .	\$			1	3	6	3	6	7	\$			8	6	2	0	8	6

I certify that the above information is correct to the best of my knowledge and belief and that the expenditures shown are in accordance with the terms and conditions of the contract by and between the Department of Human Resources and Georgia Institute of Technology

July 20, 1977

Date

Signature

E-24-516

E-24-520  
RF-41717Georgia Department of Human Resources  
MONTHLY STATEMENT OF RECEIPTS AND EXPENDITURES - TITLE XX/IV-A TRAININGFor Month of July, 19 77SUBMIT TO: Department of Human Resources  
DHR Staff Development Section  
Room 341-H  
47 Trinity Avenue, S.W.  
Atlanta, Georgia 30334Program Title Program Evaluation Methodologies TrainingControl Number Contract No. 427-9300200

## PERSONNEL EXPENDITURES

## THIS MONTH

## YEAR TO DATE

1. Total Salaries . . . . .	\$			1	3	5	8	0	0	\$				1	3	5	8	0	0
<u>FRINGE BENEFITS (2-7)</u>																			
2. Social Security . . . . .																			
3. Retirement . . . . .					1	1	9	6	7						1	1	9	6	7
4. Health Insurance . . . . .																			
5. Other . . . . .																			
6. Total Fringe Benefits (Sum 2 thru 5) . . . . .	\$				1	1	9	6	7	\$					1	1	9	6	7
7. Total Personnel Expenditures (Sum 1 and 6) \$				1	4	7	7	6	7	\$				1	4	7	7	6	7

## OTHER EXPENSES (8-18)

8. Faculty Travel . . . . .																						
9. Teaching Materials . . . . .																						
10. Equipment . . . . .																						
11. Rent . . . . .																						
12. Expert Fees . . . . .																						
13. Traineeships . . . . .																						
14. . . . .																						
15. . . . .																						
16. . . . .																						
17. . . . .																						
18. Indirect Cost . . . . .					1	1	8	2	1					1	1	8	2	1				
19. Total (Sum 7 through 18) . . . . . \$				1	5	9	5	8	8					\$			1	5	9	5	8	8
20. Certified Cost . . . . . \$				8	1	5	7	0						\$			8	1	5	7	0	
(Attach form OAS(2)-115)																						

## CASH RECEIVED THIS REPORT MONTH FROM:

21. DHR . . . . .	\$									\$									
22. Other Sources . . . . .																			
23. TOTAL CASH RECEIVED . . . . .	\$									\$									
24. DHR Cash Payment Requested . . . . .	\$			1	5	9	5	8	8	\$			1	5	9	5	8	8	

I certify that the above information is correct to the best of my knowledge and belief and that the expenditures shown are in accordance with the terms

and conditions of the contract by and between the Department of Human Resources and Georgia Institute of Technology8/10/77  
Date

Signature

# REPORT OF CERTIFIED OR IN-KIND COSTS

E-24-516  
(E-24-212)

## SECTION I COMPLETED BY CONTRACTOR

for the period

December 1 19 76 to December 31 19 76

FROM: Georgia Institute of Technology  
Name of Contractor

THROUGH: John B. Pinka  
Program Officer, DHR

TO: Accounting Services, DHR

☒ Certified Cost ☐ In-Kind Cost

Title of Program: Program Evaluation Methodologies Training

DHR Contract # 901408 Identification # E-24-212 Control # \_\_\_\_\_

Name and Address of Provider of Certified or In-Kind Costs:

Georgia Institute of Technology  
Atlanta, Georgia 30332

Costs:

A. Personnel (attach continuation, if needed):

NAME	TITLE	SALARY	FRINGE BENEFITS	% TIME	APPLICABLE AMOUNT
------	-------	--------	--------------------	--------	----------------------

Sub-Total . . . . . -0-

B. Other Costs (attach continuation, if needed):

Sub-Total . . . . . -0-

Grand Total . . . . . -0-

*I, the undersigned, hereby certify that the above certified or in-kind match costs have been provided/received in compliance with the requirements and conditions of the applicable federal program. I further certify that my office has available a set of accounting records relative to these certified costs that specifically identifies each specific detailed transaction directly to this federal program and that these records are available for DHR or federal auditors review.*

\_\_\_\_\_  
Date (signed): \_\_\_\_\_

\_\_\_\_\_  
Title

## SECTION II TO BE COMPLETED BY PROGRAM STAFF, DHR

Fund Code: \_\_\_\_\_ Budget Unit: \_\_\_\_\_ Date: \_\_\_\_\_

(signed): \_\_\_\_\_

\_\_\_\_\_  
Title

E-24-516

REPORT OF CERTIFIED OR IN-KIND COSTS

SECTION I COMPLETED BY CONTRACTOR

for the period

January 1, 19 77 to April 30, 19 77

FROM: Georgia Institute of Technology  
Name of Contractor

THROUGH: John B. Pinka  
Program Officer, DHR

TO: Accounting Services, DHR

☒ Certified Cost ☐ In-Kind Cost

Title of Program: Program Evaluation Methodologies Training

DHR Contract # 901408 Identification # E-24-212 Control #

Name and Address of Provider of Certified or In-Kind Costs:

Georgia Institute of Technology

Costs:

A. Personnel (attach continuation, if needed):

NAME	TITLE	SALARY	FRINGE BENEFITS	% TIME	APPLICABLE AMOUNT
Thomas B. Clark	Professor	\$16,000.		17.	\$ 2,666.66

Sub-Total \$ 2,666.66

B. Other Costs (attach continuation, if needed):

Sub-Total

Grand Total \$ 2,666.66

I, the undersigned, hereby certify that the above certified or in-kind match costs have been provided/received in compliance with the requirements and conditions of the applicable federal program. I further certify that my office has available a set of accounting records relative to these certified costs that specifically identifies each specific detailed transaction directly to this federal program and that these records are available for DHR or federal auditors review.

5/9/77  
Date

(signed): Evan Crosby  
Associate Director of Financial Affairs  
Title

SECTION II TO BE COMPLETED BY PROGRAM STAFF, DHR

Fund Code: Budget Unit: Date:

(signed):

Title

E-24-516

REPORT OF CERTIFIED OR IN-KIND COSTS

SECTION I COMPLETED BY CONTRACTOR

for the period

May 1, 19 77 to May 31, 19 77

FROM: Georgia Institute of Technology  
Name of Contractor

THROUGH: John B. Pinka  
Program Officer, DHR

TO: Accounting Services, DHR

☒ Certified Cost ☐ In-Kind Cost

Title of Program: Program Evaluation Methodologies Training

DHR Contract # 901408 Identification # E-24-212 Control #

Name and Address of Provider of Certified or In-Kind Costs:

Georgia Institute of Technology

Costs:

A. Personnel (attach continuation, if needed):

NAME	TITLE	SALARY	FRINGE BENEFITS	% TIME	APPLICABLE AMOUNT
Thomas B. Clark	Professor	16,000.		.02	\$ 333.33

333.33

Sub-Total

B. Other Costs (attach continuation, if needed):

Sub-Total

Grand Total \$ 333.33

I, the undersigned, hereby certify that the above certified or in-kind match costs have been provided/received in compliance with the requirements and conditions of the applicable federal program. I further certify that my office has available a set of accounting records relative to these certified costs that specifically identifies each specific detailed transaction directly to this federal program and that these records are available for DHR or federal audit review.

June 10, 1977  
Date

(signed): Evan Crosby

Associate Director of Financial Affairs  
Title

SECTION II TO BE COMPLETED BY PROGRAM STAFF, DHR

Fund Code: Budget Unit: Date:

(signed):

Title

E-24-516

REPORT OF CERTIFIED OR IN-KIND COSTS

SECTION I COMPLETED BY CONTRACTOR

for the period

June 1, 1977 to June 30, 1977

FROM: Georgia Institute of Technology  
Name of Contractor

THROUGH: John B. Pinka  
Program Officer, DHR

TO: Accounting Services, DHR

☒ Certified Cost ☐ In-Kind Cost

Title of Program: PROGRAM EVALUATION METHODOLOGIES TRAINING

DHR Contract # 901408 Identification # E-24-212 Control #

Name and Address of Provider of Certified or In-Kind Costs:

Georgia Institute of Technology

Costs:

A. Personnel (attach continuation, if needed):

NAME	TITLE	SALARY	FRINGE BENEFITS	% TIME	APPLICABLE AMOUNT
Thomas B. Clark	Professor	16,000.		.06	\$ 999.99

Sub-Total \$ 999.99

B. Other Costs (attach continuation, if needed):

Sub-Total

Grand Total \$ 999.99

I, the undersigned, hereby certify that the above certified or in-kind match costs have been provided/received in compliance with the requirements and conditions of the applicable federal program. I further certify that my office has available a set of accounting records relative to these certified costs that specifically identifies each specific detailed transaction directly to this federal program and that these records are available for DHR or federal auditors review.

July 20, 1977  
Date

(signed): Evan Crosby

Associate Director of Financial Affairs  
Title

SECTION II TO BE COMPLETED BY PROGRAM STAFF, DHR

Fund Code: Budget Unit: Date:

(signed):

Title

Georgia Department of Human Resources  
REPORT OF CERTIFIED OR IN-KIND COSTS

E-24-516

SECTION I COMPLETED BY CONTRACTOR

for the period

July 1 19 77 to July 31 19 77

FROM: Georgia Institute of Technology  
Name of Contractor

THROUGH: John B. Pinka  
Program Officer, DHR

TO: Accounting Services, DHR

☒ Certified Cost ☐ In-Kind Cost

Title of Program: Program Evaluation Methodologies Training

DHR Contract # 427-9300200 Identification # E-24-213 Control #

Name and Address of Provider of Certified or In-Kind Costs:

Georgia Institute of Technology

Costs:

A. Personnel (attach continuation, if needed):

NAME	TITLE	SALARY	FRINGE BENEFITS	% TIME	APPLICABLE AMOUNT
Thomas B. Clark	Professor	23,920.		.02	557.20
Walter J. Wilson	Gra.	10,800.		.02	258.50

Sub-Total . . . . . 815.70  
B. Other Costs (attach continuation, if needed):

Sub-Total . . . . .  
Grand Total . . . . . 815.70

I, the undersigned, hereby certify that the above certified or in-kind match costs have been provided/received in compliance with the requirements and conditions of the applicable federal program. I further certify that my office has available a set of accounting records relative to these certified costs that specifically identifies each specific detailed transaction directly to this federal program and that these records are available for DHR or federal auditors review.

8/10/77 (signed): Evan Crosby  
Date Associate Director of Fin. Affairs  
Title

SECTION II TO BE COMPLETED BY PROGRAM STAFF, DHR

Fund Code: Budget Unit: Date:

(signed):

Title